

The Role of Emotions and Values in Competence

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The Role of Emotions and Values in Competence

The authors consider two cases of Obsessive Compulsive Disorder, and the judgements of (in)competence licensed by four approaches: the MacCAT-assisted assessment, and the cognitive, emotions, and values approaches. They conclude by outlining an alternative approach to competence which appeals to Aristotle's notion of practical wisdom (*phronēsis*).

For reasons of space I focus only on the authors' case of Jack. He retrospectively claims that he was incompetent at the time of his original admission, and this is something his psychiatrist (also retrospectively) agrees on (p. 4). The authors argue that the four approaches they consider either license a judgement of competence, or do not give us reason to doubt competence. Their preferred practical wisdom approach licenses a judgement of incompetence, in line with both Jack and his psychiatrist. Now considering discontinuing treatment, Jack claims he is competent, and again, according to the authors, the four approaches they consider either agree, or do not give us a reason to doubt this judgment. Jack's psychiatrist suspects incompetence, and this is a judgement also licensed by the authors' practical wisdom account.

Approaches to competence are discussed with reference to the patient's and psychiatrist's judgements of competence, and it is implied that approaches earn a theoretical point if they are in line with these judgements. For example, the authors note that their approach can support the shared judgements of patient and psychiatrist better than other approaches (p. 11).

However, if we appraise approaches to competence by considering whether the judgements they license walk in step with that of the relevant medical professionals, there is a question about how practically useful such accounts can be. If a psychiatrist would independently come to a decision about competence licensed by some approach, then that approach's theoretical advantages are limited to its ability to track the features of the situation which ground a psychiatrist's judgement. It will not have the practical virtue which the authors want; they conclude that their approach 'can provide psychiatrists with *criteria* to decide on whether or not to respect a patient's wishes' and suggest that '[f]urther research should clarify whether this approach is *also useful* for other chronic psychiatric conditions' (pp. 13–14, my emphasis). If an approach is to provide criteria for psychiatrists to judge competence, we should not test this approach solely against judgements made by psychiatrists independently of such criteria.

There is some indication, though, that the authors are not engaged in this kind of methodology. In discussing their preferred account, they note that their view 'can also lead to conclusions which differ from that of the patient or psychiatrist' (p. 12). If the authors do not take the judgement of the patient and psychiatrist to be a test for the adequacy of an account of competence, then it would be useful to know exactly what they think is. For what they take to be the adequacy conditions on an approach to competence will presumably form the backdrop for their criticisms of other approaches and the motivation for their preferred account.

Turning to competing approaches: the authors take Louis C. Charland's emotions approach to be one which licenses judgements of incompetence only in cases which lack emotional involvement. Since there is emotion involved in Jack's case, this approach would not allow us to doubt his competence. The authors take this to be the wrong result, and so a strike against the emotions approach (pp. 8–9).

However, this is not a result Charland's approach licenses. Charland is clear that the role of emotion 'as a positive contributing component' is one of *supplementing* current cognitive approaches to competence (1998: 67), and not

replacing them wholesale such that the mere presence of emotion rules out incompetence. For an emotions theorist, the bare fact that Jack's decision to refuse treatment involved emotions does not yet settle the question of his competence.

The authors suggest that a more viable emotions approach ought to focus on the *balance* of emotion, claiming that the problem with Jack is not a lack of emotions, but rather 'a balance between the emotions which accompany the decision and other emotions which are relevant to him' (p. 9). However, this is something Charland's approach might well accommodate. Charland notes that 'it is relatively uncontroversial that emotions can play a *negative* role in competence' (1998: 74), presumably he has in mind cases in which the presence of some emotion actually hinders competence. Later he says that 'it is possible to distinguish cases where a given emotion is appropriate from cases where it is not', and 'there *is* an issue about *competence* involved, and that it hinges on when, and how, emotions serve as reasons for choices and decisions' (1998: 77).

Next, the authors understand Jacinta Tan and colleagues' values approach as one which rules out incompetence if the subject's judgment is not due to some value which is a result of their disorder. Tan and colleagues' suggest that if a value is held as a result of some mental disorder, it 'should be considered suspect in terms of compromising competence' (2006: 278).

The authors take the suggestion here to be one of wholesale rejection of other factors, in favour of a sufficiency condition on competence in terms of value. They claim that the values approach does not cast doubt on Jack's competence, since there was no inappropriate value which was involved in the decision making (p. 9). But as with the emotions approach, proponents of the values approach are not advocating appropriate values as a *sufficient* condition on competence, but only a *relevant* consideration. Tan and colleagues are seeking to 'identify aspects of thinking that might be *relevant* to the issue of competence to refuse treatment' (2006: 267, my emphasis). It is consistent with this approach that a person be appropriately judged incompetent even if they value things appropriately or they do not have any values as a direct result of their disorder. The consideration of a person's values is taken only to be one important factor among many in judgements of competence.

To conclude: the case of Jack is not one that the emotions and values approaches cannot accommodate. Given that these approaches are intended to supplement other approaches to competence, it is now unclear whether the authors' approach combining cognitive, emotional, and value factors under the heading of *practical wisdom* really represents a competitor to previous proposals.

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